ATTENTION: Effective July 1, 2019, all content in this document will replace Section 1.8 and 1.9 in the Idaho Medicaid Provider Handbook Agency Professional, until further notice when the content can be moved into the Idaho Medicaid Provider Handbook Agency Professional please use this document.

Children's Developmental Disabilities Services and Home and Community Based Services State Plan Option

Children's Developmental Disabilities (DD) services are services available for children with a developmental disability diagnosis. An independent assessment process and case management is included with these services.

The following is a list of providers able to enter into a Medicaid provider agreement and deliver Children's DD services under the 1915i Home and Community Based Services (HCBS) State Plan Option:

- Developmental Disabilities Agencies
- Independent Respite Provider
- Independent Children's Habilitation Intervention Provider (for providers of Family Education)

DDAs who are currently under a provider agreement can continue to operate under their same provider type and specialty. Visit the Children's DD Services website for forms, processes, contact information, and ongoing updates. Refer to the current Fee Schedule for covered codes.

Department Prior Authorization Process

Prior authorization involves the assessment of the need for services, approval of an annual budget, and development of a plan of service through a family centered planning process. Services are reimbursable when they are identified on the authorized plan of service and are consistent with the Department's prior authorization process as outlined in *IDAPA 16.03.10, Medicaid Enhanced Plan Benefits,* Section 525.

Eligibility Determination and Assessments

Initial and annual assessments must be performed by the Independent Assessment Provider (IAP) under contract with the Department. The purpose of the eligibility assessment is to determine a child's eligibility for developmental disabilities services and level of care. Children must be determined eligible prior to receiving Children's Developmental Disabilities Services.

For a child to be eligible for the Children's DD 1915i HCBS State Plan Option, the Department's IAP must determine that the child meets eligibility criteria as outlined in 16.03.10.522.

When a child is determined eligible, the independent assessor will assign the child an annual budget that will be used for their DD support services. The child's budget covers traditional support services that include Respite, Community Based Supports, and Family Education, or supports accessed through the Family Directed Supports option.

Additional services including Habilitation Intervention are available to children under the state plan and are not subject to the child's budget.

Family-Centered Planning

The family-centered planning process involves the collaboration of a family-centered planning team to develop the plan of service for the child. The process is facilitated by a Case Manager. The family-centered planning team includes, at a minimum, the child (unless otherwise determined by the team), the parent or legal guardian, and the child's Case Manager. The team may include others identified by the family or agreed upon as important to the process by the family and the Department.

Plan Development

In collaboration with the family and child, the Department must ensure that the child has one plan of service. The supports on the plan of service must be written within the child's budget. The plan must include all Children's Developmental Disability support services and may include other Medicaid and Non-Medicaid services and supports available to the child.

The family may develop their own plan or use the Department Case Manager to develop their plan. Non-paid plan development may be provided by the family or a person of their choosing. The non-paid plan developer may not be a paid provider of services identified on the child's plan of service. The plan of service must always be authorized by the Department prior to the provision of services.

The child's plan of service identifies the following:

- Family's identified needs
- Goals to be addressed within the plan year including case management goals
- Type of support and services
- Service provider(s)
- Frequency and costs for services
- Budget allocation
- Plan start and end dates
- Methods of coordination and collaboration

The plan of service must be signed by the parent or legal guardian.

Families are provided with a list of all qualified providers for Children's DD services in the State of Idaho. Providers must sign the Provider Signature Page stating they agree to provide the services as listed on the plan of service. Providers cannot deliver services until the provider signature page has been submitted and authorization has been obtained from the Department.

Plan Monitoring

The Department Case Manager must monitor the plan monthly. The family will identify their preference and frequency of contact from the Case Manager.

Plan monitoring includes the following:

- Face to face contact with the parent or legal guardian. This must occur at least annually.
- Face to Face with the participant may include observation of services. This must occur annually.
- At six months and annually, a review of the plan of service and provider status reviews with the parent or legal guardian to identify the current status of programs and any need for change.
- Monthly coordination services and supports with the family and service providers to assure collaboration across services and identify any barriers to service provision.
- Discussion with parent or legal guardian about their satisfaction regarding quality and quantity of services.

The child's plan of service may be adjusted during the year with an addendum to the plan. These adjustments will be approved by the Case Manager when warranted and requested by the parent or legal guardian. Adjustment of the plan of service requires the signature of the parent or legal guardian. Providers must obtain the signed addendum and submit an updated provider signature page to the Case Manager before adjustments can be made to service delivery.

The child's plan of service must be reauthorized annually. The Department must review and authorize the new plan of service prior to the expiration of the current plan. Prior to the expiration of the existing plan of service, the Case Manager will:

- Contact family to determine the individuals the parent or legal guardian would like to participate in the family centered planning meeting.
- Notify the providers who appear on the plan of service of the annual review date.
- Obtain a copy of the current annual provider status review from each provider for use by the family-centered planning team.
- Convene the family-centered planning team to develop a new plan of service.

Children's Developmental Disability Benefit Options

There are two benefit packages available under Children's Developmental Disability Services:

- Children's 1915i Home and Community Based Services (HCBS) State Plan Option including traditional and Family Directed services options.
- Children's Habilitation Intervention Services.

Note: See section 1.6 of the *General Provider and Participant Information*, Idaho Medicaid Provider Handbook for EPSDT Services.

Services Delivered by a Developmental Disabilities Agency (DDA)

Developmental Disability Agencies must be certified in accordance with *IDAPA 16.03.21, Developmental Disabilities Agencies* to provide Traditional Supports including Respite, Community-Based Supports, and Family Education.

Traditional Option Benefits

All children's 1915i HCBS state plan services must be identified on a plan of service developed by the family-centered planning team. The following services are reimbursable when provided in accordance with *IDAPA 16.03.10, Medicaid Enhanced Plan Benefits,* Sections 524-528.

Respite

Service Description

Respite provides supervision to the child on an intermittent or short-term basis because of the need for relief of the primary unpaid caregiver. Respite is also available in response to a family emergency or crisis or may be used on a regular basis to provide relief to the caregiver.

The following limitations apply for respite services:

- Payment cannot be made for room and board.
- Must only be offered to children living with an unpaid caregiver who requires relief.
- Cannot exceed fourteen (14) consecutive days.
- Cannot be provided at the same time other Medicaid services are being provided with the exception of Family Education. A family may receive Family Education while the child is simultaneously receiving respite care.
- Cannot be provided on a continuous, long-term basis as a daily service to enable an unpaid

caregiver to work.

- The respite provider must not use restraints on the child, other than physical restraints in the case of an emergency. Physical restraints may only be used in an emergency to prevent injury to the child or others and must be documented in the child's record.
- When respite is provided by a DDA as group respite, the following applies:
  - When group respite is center-based, there must be a minimum of one (1) qualified staff providing direct services to every two to six (6) children. As the number and severity of the participants with functional impairments or behavioral issues increases, the staff-to participant ratio must be adjusted accordingly.
  - When group respite is community-based, there must be a minimum of one (1) qualified staff providing direct services to every two or three (3) children. As the number and severity of the participants with functional impairments or behavioral issues increase, the staff-to-participant ratio must be adjusted accordingly.
- Independent Respite Providers may provide respite in the child's home, the private home of the respite provider, or the community.
- Center-based respite cannot be provided by an Independent Respite Provider.
- An Independent Respite Provider may only provide group respite when the following are met:
  - The Independent Respite Provider is a relative; and
  - Is delivering respite to no more than three (3) eligible siblings; and
  - The service is delivered in the home of the children or the home of the Independent Respite Provider.

Agency Provider Qualifications

Respite may be provided by a certified Developmental Disabilities Agency (DDA) or by an Independent Respite Provider. An Independent Respite Provider is an individual who has entered into a provider agreement with the Department. To enroll as a Medicaid provider, you must first register for a Trading Partner Account (TPA) at www.idmedicaid.com and then follow the link for the **Provider Enrollment Application** upon logging in. Providers of respite services must meet the following minimum qualifications:

- Must be at least sixteen (16) years of age when employed by a DDA or at least eighteen (18) years of age and be a high school graduate or have a GED, to act as an Independent Respite Provider.
- Meet the qualifications prescribed for the type of services to be rendered or must be an individual selected by the child, the family, or the child's guardian.
- Have received instructions in the needs of the child who will receive the service.
- Demonstrate the ability to provide services according to a plan of service.
- Must satisfactorily complete DHW's criminal history background check process.
- When employed by a DDA, must be certified in CPR and First Aid as identified under the general training requirements in accordance with *16.03.21 "Developmental Disabilities Agencies."*
  - When acting as an Independent Respite Provider, must be certified in CPR and first aid prior to delivering services, and must maintain current certification thereafter.

Record Keeping

The respite provider must maintain records for each child served as described in this handbook under *2.9.2.1 General Requirements for Program Documentation*.

Diagnosis Codes

Enter the appropriate ICD-10-CM: *Z74.2 – Need for assistance at home and no other household member able to render care* code for the primary diagnosis in field 21 on the CMS-1500 claim form or in the appropriate field of the electronic claim form.

Community-Based Supports

Service Description

Community-Based Supports provides assistance to a child with a developmental disability by facilitating the child's independence and integration into the community. This service provides an opportunity for children to explore their interests, practice skills learned in other therapeutic environments, and learn through interactions in typical community activities.

Integration into the community enables children to expand their skills related to activities of daily living, and reinforces skills to achieve or maintain mobility, sensory-motor, communication, socialization, personal care, relationship building, and participation in leisure and community activities. Community-Based Supports ensures the child is involved in age-appropriate activities and is engaging with typical peers according to the ability of the child.

The following limitations apply for Community-Based Supports:

- Cannot be used to supplant services provided in school or therapy, or to supplant the role of the primary caregiver.
- When Community-Based Supports is delivered in a group, there must be a minimum of one (1) qualified staff providing direct services to every two (2) or three (3) children. As the number and severity of children with functional impairments increases, the staff-to-child ratio will be adjusted accordingly.
- Services are intended to be delivered in the community, therefore, this service may only be delivered in the DDA or the home for a limited time to allow for set up for or in follow up to the community activity, or to address feeding or toileting needs that cannot be addressed in the community.

Agency Provider Qualifications

Community-Based Supports must be provided by a certified DDA. Providers of Community-Based Supports must meet the following minimum qualifications:

- Must be at least eighteen (18) years of age.
- Must be a high school graduate or have a GED.
- Have received instructions in the needs of the child who will receive the service.
- Demonstrate the ability to provide services according to a plan of service.
- Must have documentation of at least six (6) months supervised experience working with children with developmental disabilities, which can be achieved in one of the following ways:
  - **Previous Work Experience.** Have previous work experience gained through paid employment, university practicum experience, or internship; or,
  - **On-the-Job Supervision.** Gain on-the-job supervised experience through employment at a DDA with increased supervision. Experience is gained by completing at least six (6) hours of job shadowing prior to the delivery of direct support services, and a minimum of weekly face-to-face supervision with the supervisor for a period of six (6) months while delivering services.
- Must complete competency coursework approved by the Department prior to the delivery of the service to demonstrate competencies related to the requirements to provide Community-Based Supports.
  - The competency coursework approved by the Department is an on-line competency training.
  - For competency coursework, go to the Idaho Center on Disabilities and Human Development website to access the training modules.

Record Keeping

The Community-Based Supports provider must maintain records for each child served as

described in this handbook under *2.9.2.1 General Requirements for Program Documentation*.

Family Education

Service Description

Family Education is education by a professional to family members or others who participate in caring for the child to help them better meet the needs of the child. It offers education that is specific to the needs of the family and child as identified on the plan of service. Family Education is delivered to families, or others who participate in caring for the eligible child, to provide an orientation to developmental disabilities and to educate families on generalized strategies for behavioral modification and intervention techniques specific to the child's diagnoses.

When Family Education is provided in a group setting, the group must not exceed five (5) families of children with developmental disabilities receiving services.

Family Education cannot be provided at the same time other Medicaid services are being provided with the exception of Respite.

Agency Provider Qualifications

Family Education can be provided by a certified DDA or an individual who holds an Independent Habilitation Intervention Provider agreement with the Department. Providers of Family Education must meet one (1) of the following minimum qualifications:

- Must meet the minimum qualifications of an Intervention Specialist as defined in *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Subsection 575.03; or
- Must meet the minimum qualifications of an Intervention Professional as defined in *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Subsection 575.04; or
- Must meet the minimum qualifications to provide services under a Department-approved Evidence-Based Model (EBM) Intervention Specialist, as defined in *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Subsection 575.06; or
- Must meet the minimum qualifications to provide services under a Department-approved Evidence-Based Model (EBM) Intervention Professional, as defined in *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Subsection 575.07.

Ongoing Training

Professionals providing Family Education services must meet ongoing training requirements as defined in *16.03.09, "Medicaid Basic Plan Benefits".*

Record Keeping

The Family Education provider must maintain records for each child served as described in this handbook under *2.9.2.1 General Requirements for Program Documentation*. In addition to the general requirements, the provider must survey the satisfaction of the recipient(s) of the service following each Family Education session.

Reporting Requirements

The supervisor must complete, at a minimum, 6 month and annual provider status reviews for Community-Based Support services provided, or more frequently as required on the plan of service.

- Documentation of the six month and annual reviews must be submitted to the child's Case Manager. The six (6) month status review must be submitted thirty (30) days prior to the six (6) month date listed on the plan of service and provider status review must be submitted to the plan monitor forty-five (45) calendar days prior to the expiration of the existing plan of service.
- The provider must use Department-approved forms for provider status reviews. Department forms are available at Children's DD Services.

Supervision
A supervisor must be employed by a DDA on a continuous and regularly scheduled basis and be readily available on-site to provide for:

- The supervision of service elements of the agency, including face-to-face supervision of agency staff providing direct care services.
- The observation and review of the direct services performed by all staff on at least a monthly basis, or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the DDA services.
- The completion of provider status reviews.

Supervisor qualifications are found in *IDAPA 16.03.21, Developmental Disabilities Agencies.*

Family Directed Services Option – 1915i HCBS State Plan Option
Families of children eligible for the Home and Community Based Services State Plan Option may choose to direct their services under the Family Directed option rather than accessing services through the traditional option. The requirements for the Family Directed Services option are outlined in *IDAPA 16.03.13, Consumer-Directed Services.*

For additional guidance, refer to the *Family Directed Services Workbook* at www.familydirected.dhw.idaho.gov.

Covered Service Limit
Traditional and Family-Directed 1915i HCBS State Plan Option services are limited by the child's individual budget amount.

Non-Covered Services
Vocational and educational services are excluded from Medicaid payment for 1915i HCBS state plan services. Family Education is not considered educational because it does not provide for the payment of services that are mandated under the Individuals with Disabilities Education Improvement Act (IDEA).

Program Requirements
General Requirements for Program Documentation
The provider must maintain records for each child served. Each child's record must include documentation of the child's involvement in and response to the services provided. The direct service provider must include written documentation of the service provided during each visit made to the child, which contains, at a minimum, the following information:

- Date and time of visit.
- Support services provided during the visit.
- A statement of the child's response to the service.
- Length of visit, including time in and time out.
- Specific location of service.
- Signature of the individual providing the service and date signed.
- A copy of the above information must be maintained by the provider. Failure to maintain such documentation will result in the recoupment of funds paid to the provider for undocumented services.

Requirements for Following the Plan of Service
Providers of 1915i Home and Community Based Services State Plan Option must coordinate with the family- centered planning team to assure consistency in services delivered across service providers. Providers must be identified as the family's selected provider and can only deliver services in accordance with the type, amount, duration, and frequency specified on

the plan of service. Services delivered that are not authorized on the plan of services may be subject to recoupment by the Department.

Records Maintenance

Providers must retain participant records for those to whom they provide services for five (5) years following the last date of service.

Payment

Medicaid reimburses 1915i HCBS state plan services on a fee-for-service basis. See the Idaho Medicaid Fee Schedule webpage for a list of billing codes for the covered services.